



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |                        |                 |
|--|------------------------|-----------------|
| Application Number                       | 09/833,863             |                 |
|  | Filing Date            | April 12, 2001  |
|  | First Named Inventor   | Tomoyuki FUNAKI |
|  | Art Unit               | 2173            |
|  | Examiner Name          | Sara M. Hanne   |
| Total Number of Pages in This Submission | Attorney Docket Number | 2552-000001     |

## ENCLOSURES (check all that apply)

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><b>Request for Continued Examination (RCE) Transmittal (in duplicate); 20 Page Preliminary Amendment; postcard</b> |
| Remarks: The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.   |  |   |

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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |                                  |               |                   |          |        |
|-------------------------|----------------------------------|---------------|-------------------|----------|--------|
| Firm or Individual name | Harness, Dickey & Pierce, P.L.C. | Attorney Name | Gregory A. Stobbs | Reg. No. | 28,764 |
| Signature               | <i>Gregory Stobbs</i>            |               |                   |          |        |
| Date                    | Aug 24, 2004                     |               |                   |          |        |

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| Typed or printed name | Gregory A. Stobbs     | Express Mail Label No. | EV 533 145 528 US (8/24/04) |
| Signature             | <i>Gregory Stobbs</i> | Date                   | Aug 24, 2004                |

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